Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

REHAB 2112
200 WYNNEWOOD VILLAGE
DALLAS, TX 75224

Respondent Name
INDEMNITY INSURANCE CO OF NORTH AMERICA

Carrier's Austin Representative Box
Box Number 15

MFDR Tracking Number
M4-10-4997-01

MFDR Date Received
AUGUST 2, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Per DWC guidelines WH units of less than 1 hour shall be prorated by 15 minute increments. Documentation supports the time being billed. Carrier processed the RFR as a duplicate."

Amount in Dispute: $80.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The requestor did not submit a response to this dispute.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 2, 2010	97546-WH-CA-GP	$32.00	$0.00
April 12, 2010		$48.00	

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for the reimbursement of workers' compensation specific services provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated April 25, 2010 and May 5, 2010
   - W1 – Workers Compensation State Fee Schedule Adjustment.

   Explanation of Benefits dated June 10, 2010
   - 18 – Duplicate claim/service.

Issues

1. Did the respondent support its payment denial of "18-'Duplicate claim/service?"

2. What are the guidelines for the billing of a CARF accredited Work Hardening program?
3. Does the requestor's submitted documentation support the number of units billed? Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied disputed services with reason code D – "DUPLICATE CHARGE." The duplicate billing was submitted for the purpose of requesting reconsideration of the original claim determination. The respondent did not provide documentation to support duplicate payments. Therefore, this payment denial reason has not been supported. The disputed services will be reviewed per applicable Division rules and fee guidelines.
2. 28 Texas Administrative Code §134.204 (h)((1)(A) states, "If the program is CARF accredited, modifier 'CA' shall follow the appropriate program modifier as designated for the specific programs listed below. The hourly reimbursement for a CARF accredited program shall be 100 percent of the MAR." 28 Texas Administrative Code §134.204(h)(3)(A)&(B) states, "The first two hours of each session shall be billed and reimbursed as one unit, using CPT Code 97545 with modifier 'WH.' Each additional hour shall be billed using CPT code 97546 with modifier 'WH.' CARF accredited Programs shall add 'CA' as a second modifier ." 28 Texas Administrative Code §134.204(h)(3)(B) states, "Reimbursement shall be $64 per hour. Units of less than one hour shall be prorated by 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to 8 minutes and less than 23 minutes.
3. Review of the requestor's submitted documentation finds a copy of a CMS-1500 for each disputed date of service. The requestor billed one unit (2 hrs) of CPT code 97545-WH-CA-GP and 2.50 (2 hrs 30 min) units of CPT code 97546-WH-CA-GP for date of service April 2, 2010 and billed 1 unit (2 hrs) of CPT code 97545-WH-CA-GPand 4.75 units (4hrs 45min) for CPT code 97546-WH-CA-GP for date of service April 12, 2010. Also found a copy of the work hardening program daily activity notes. According to the work hardening daily activity notes only three hours and ten minutes of work hardening activities are supported for date of service April 2, 2010 and five hours and ten minutes for date of service April 12, 2010 are supported. The respondent made payment in the amount of $256.00 for a total of four hours of work hardening for date of service April 2, 2010 and made payment in the amount of $384.00 for six hours of work hardening for date of service April 12, 2010. The work hardening daily activity notes do not support the time as billed by the requestor. Therefore, no additional reimbursement is recommended per 28 Texas Administrative Code §134.204.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	02/01/2013 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box

17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.